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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

557 NORMANDY L

N34245

(3)

Mailing Address

557 NORMANDY L

## ATLANTIC BENEVOLENT ASSOCIATION, INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State

Date Incorporated or Qualified	

DELRAY FL 334		DELRAY BEACH FL 33484			09/18/1989		
US		US DERON YE SOVOY			4. FEI Number	A	applied For
					65-0189457	\ \ \	lot Applicable
2. Principal Pi	lace of Business	26. Mailing Address		_	5. Certificate of Status Desired	<b>-</b>	Additional Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	May Be
22		27			Trust Fund Contribution		to Fees
City & State	9	City & State			7. Is this nonprofit corporation a homeowr	ers association	on?
23		28			Yes	□ No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	current year in	ntangible
24	25	29	30		Personal Property Tax due June 30.		□ Ño
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent	
			61	Name			
ALTRUCE	H, DAVID		100	Otropt Add	(D.O. Courbbanks in Not Assessable)		
	MANDY L		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
KINGS P			83			·····	
DELHAT	BEACH FL 33484		84	City		<b>85</b> Zip	Code
44.5		500 - 1017 1500 5: 11 Oct.			F		
11. Pursuant t	to the provisions of Sections 617.05 edistared@nent_or both_in the Sta	502 and 617,1508, Florida Statut ite of Florida, Such change was i	ies, the above authorized by	i-named corp the corporat	poration submits this statement for the purpose tion's board of directors. I bereby accept the a	of changing phoint hent as	its registered s registered
agent. I ar	m familiar with, and accord the old	gations of Section 617.0503, Fl	orida Statules.	' -	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	- 60	5 10g.010.00
SIGNATURE _		WICE DR	NIUHU	76 <i>0</i> 04	· • • • • • • • • • • • • • • • • • • •	7/48	
	Signature, typed or printed name of registered a	agent and title it applicable (NOT	E: Registered Ager	nt signature requir	red when reinstating) DATE	<del></del>	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.4 TITLE	1		Change	Addition
NAME	ALTBUCH, DAVID		1.2 NAME				
STREET ADDRESS	557 NORMANDY L						
			1.3 STREET A	address			
CITY-ST-ZIP							
CITY-ST-ZIP	DELRAY BEACH FL	DELETE	1.4 CITY-ST			Change	Addition
TITLE	DELRAY BEACH FL D	☐ DELETE	1.4 CITY-ST 2.1 TITLE			☐ Change	Addition
TITLE NAME	DELRAY BEACH FL D DANER, JACK	☐ DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME	- ZIP		Change	Addition
TITLE NAME STREET ADDRESS	DELRAY BEACH FL D DANER, JACK 3064 EXETER D	☐ DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DELRAY BEACH FL D DANER, JACK 3064 EXETER D BOCA RATON FL		1.4 CITY - ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY - ST	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELRAY BEACH FL D DANER, JACK 3064 EXETER D BOCA RATON FL D	☐ DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL D DANER, JACK 3064 EXETER D BOCA RATON FL D FEINGOLD, HY	[_] DELETE	1.4 CITY - ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY - ST	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELRAY BEACH FL D DANER, JACK 3084 EXETER D BOCA RATON FL D FEINGOLD, HY 6650 S. ORIOLE BLVD. F. 2	[_] DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS T-ZIP			
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• I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attachment with an address.

block 12 of block 13 if challogoups on an allachment with an address.

Le Collector DAVIO ANTEUCA

4/17/18

2EG37 (10997)